

REQUEST TO EXCESS INFORMATION TECHNOLOGY EQUIPMENT							PAGE	OF	PAGES
1. ORGANIZATION ACCOUNTABLE FOR EQUIPMENT			2. REPORT NUMBER DPI NO.      JULIAN DATE (YDDD)      REQUEST NO. —                —			3. S&S JOB TICKET NUMBER			
4. CONTACT FOR FURTHER INFORMATION							c. COMMERCIAL TELEPHONE NO. (Include area code) (       ) —		
a. NAME			b. DSN TELEPHONE NUMBER —						
5. PHYSICAL LOCATION OF EQUIPMENT							c. TELEPHONE NO. (If different from above) (       ) —		
a. ADDRESS (Room No., Building, Street, City, State, ZIP Code)							b. POINT OF CONTACT (If different from above)		
6. EQUIPMENT TO BE EXCESSED									
OSD CONTROL NO. a.	ITEM NO. b.	COMP CODE c.	ITEM DESCRIPTION d.	MFR CODE e.	MODEL NO. f.	SERIAL NO. g.	CONDI- TION CODE h.	PRICE i.	
7. I certify that all hard drives have been removed.				8. EQUIPMENT RECEIVED BY				9. DATE RECEIVED (MMDDYYYY)	